THE DIVISION OF HEALTH OF MISSOURI FILED JUN 26 1957 STANDARD CERTIFICATE OF DEATH lth. elfare blic .2......Q.... Primary Registration District No......... Registration District No. rvice 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before 1. PLACE OF DEATH a. STATE b. COUNTY a. COUNTY St. Louis-Missouri Missouri 00 b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits c. CITY Inside Limits TOWN St, Louis -56 OR Yes ⊔ No □ Yes D No D TOWN St. Lowis FULL NAME OF (If NOT inhaspital, give location) Length of stay in 1b (If outside, give location) Reside on Farn HOSPITAL OR Appress 4573 St. Ferdinand Peoples Hospital INSTITUTION Yes D No D a death due to natural causes. 3. NAME OF First Manth Year Middle Last 4 DATE Day DECEASED 18 1957 June .tones Clara (Type or print) DEATH 7. MARBIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE last birthday) Months Days Female Col 12 Sept 1881 DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 106. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Housewife Little Rock Ark 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Claiborn Smith Hattie Giles 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes, give war or dates of service) Mr George -- Swait-AshaSt Ferdinand No -INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to above cause (a). stating the under-DUE TO (c) lvina cause last. 9: WAS AUTOPSY PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? casually related. ¥ YES . NO X 20a. ACCIDENT SUICIDE HOMICIDE 206. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF Hour Month, Day, Year INJURY a, mp. m. 20d INJURY OCCURRED 20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY STATE NOT WHILE farm, factory, street, office bldg., etc.) ш and last saw her alive on 21. I attended the deceased from m on the date stated above; and to the best of my knowledge, from the causes stated Death occurred at 22a SIGNATURE 22b. ADDRESS 22c. DATE SIGNED (Degree or title) 23a. BURIAL, CREMATION, 235. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (Cly, topin, or county) (State) REMOVAL (Specify) St. Louis County Missouri Removal 6/20/57 Greenwood 24. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. Herman J. Smith 4247/w Labadie Ave (Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER'

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e by me, or by Student Embalmer No.

working under my personal supervision.._

Student

Licensed Embalmer No.

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.